

Recipient Committee Campaign Statement – Short Form

CALIFORNIA
FORM **450**

Who Uses Form 450:

Form 450 is for use by a recipient committee if the committee:

- Is not controlled by a candidate. (Exception: Candidate controlled ballot measure committees may use this form.)
- Has not received a contribution which must be itemized (a cumulative amount of \$100 or more from a single source);
- Has not received any other payment of \$100 or more (miscellaneous increases to cash);
- Has no outstanding loans made or received; and
- Has no accrued expenses (unpaid bills).

The committee may use this form only if all of the above criteria are met. If all criteria are not met, the committee must use Form 460, Recipient Committee Campaign Statement.

Form 450 May Be Filed As:

- A Semi-annual Statement
- A Pre-election Statement
- A Supplemental Pre-election Statement
- A Special Odd-Year Campaign Report
- A Quarterly Statement in connection with a ballot measure
- A Termination Statement
- An Amendment

See reverse for general guidance on where to file this form.

Contribution Limits:

Candidates for elective state office are subject to state contribution limits. Contributions received by committees for the purpose of making contributions to candidates for elective state office are also subject to limits. A chart identifying the limits is located at www.fppc.ca.gov. In addition, local candidates may be subject to contribution limits imposed by local ordinance. Questions concerning local limits should be addressed to election officials in the local jurisdiction.

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the [FPPC Campaign Disclosure Manual](#) for your type of committee (available from your filing officer or the FPPC). Campaign filing deadlines, forms, and other informational materials are available on the FPPC website (www.fppc.ca.gov).

**Instructions for
Recipient Committee
Campaign Statement – Short Form**

**CALIFORNIA
FORM 450**

~New Page~

Where to File:

State Elections and Committees Active in More Than One County: Committees that support or oppose state candidates and measures, or local candidates and measures being voted on in more than one county, file in the following places:

- **Secretary of State** (original and one copy)
Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814
Phone (916) 653-6224
Fax (916) 653-5045
www.ss.ca.gov
- **Registrar-Recorder of Los Angeles County**
(two copies)
Campaign Reporting Unit
12400 Imperial Highway
Norwalk, CA 90650
Phone (562) 462-2339
Fax (562) 651-2548
<http://lavote.net>
- **Department of Elections-City and County of San Francisco** (two copies)
Campaign Statements
1 Dr. Carlton B. Goodlett Place, City Hall - Rm 48
San Francisco, CA 94102
Phone (415) 554-4375
Fax (415) 554-7344
www.ci.sf.ca.us/election
- **The election official for the county in which you are domiciled** (two copies). Addresses for county filing officers can be found on the FPPC web site at www.fppc.ca.gov.

County Elections: Committees that support or oppose candidates and measures being voted on in a single county, file with the election official in that county (original and one copy) and file two copies in your county of domicile (if different than the county in which the election is being held).

This filing requirement also applies to committees that support or oppose candidates and measures on the ballot in more than one jurisdiction located within a single county.

City Elections: Committees that support or oppose candidates and measures being voted on in a single city election, file with the city clerk in that city (original and one copy).

Electronic Filing:

Committees that are required to file reports with the Secretary of State must file Form 450 electronically if they receive contributions or make expenditures totaling \$50,000 or more in a calendar year. Paper reports are also required. Some local jurisdictions also require reports to be electronically filed.

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **450**

Page _____ of _____

For Official Use Only

Statement covers period

from _____

through _____

Date of election if applicable:
(Month, Day, Year)

Date Stamp

1. Type of Recipient Committee:

- | | |
|--|--|
| <input type="checkbox"/> Ballot Measure Committee | <input type="checkbox"/> General Purpose Committee |
| <input type="radio"/> Primarily Formed | <input type="radio"/> Sponsored |
| <input type="radio"/> Controlled | <input type="radio"/> Small Contributor Committee |
| <input type="radio"/> Sponsored | |
| <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain) _____
(Also check type of statement you are amending) | |

3. Committee Information

I.D. NUMBER

COMMITTEE NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Instructions for Recipient Committee Campaign Statement – Short Form

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Period Covered by a Statement:

The “period covered” by a campaign statement begins the day after the closing date of the last campaign statement you filed. For example, if the closing date of the last statement was September 30, the beginning date of the next statement will be October 1.

If this is the committee’s first campaign statement, begin with January 1 of the current calendar year.

The closing date of the statement depends on the type of statement you are filing.

Date of Election:

If this statement is filed in connection with an election, enter the date of the election.

Type of Recipient Committee:

Check one box to indicate the type of committee filing the statement.

Ballot Measure Committees

A person, entity, or organization that receives contributions totaling \$1,000 or more during a calendar year for the primary purpose of supporting or opposing the qualification, passage, or defeat of one or more ballot measures. A controlled committee is one that is controlled directly or indirectly by an officeholder, candidate, or proponent of a state ballot measure or that acts jointly with an officeholder, candidate, or proponent of a state ballot measure in connection with making expenditures.

Primarily Formed Candidate/Officeholder Committees

A person, entity, or organization that receives contributions totaling \$1,000 or more during a calendar year to support or oppose a single candidate or officeholder, or two or more candidates or officeholders who are being voted upon in the same city, county, or multi-county election. This type of committee is not controlled by the candidate(s) or officeholder(s).

General Purpose Committees

A person, entity, or organization that receives contributions totaling \$1,000 or more during a calendar year to support or oppose various candidates and measures (e.g., political parties, political action committees).

Sponsored Committee

A sponsored committee is one that has a sponsor—a business entity, organization, union, or other entity—that meets certain criteria. Sponsored committees must include the name of the sponsor in the name of the committee.

Small Contributor Committee:

A small contributor committee is one that has been in existence for more than six months; receives contributions from 100 or more persons; makes contributions to five or more candidates; and has not received more than \$200 from one person in a calendar year. A small contributor committee has a higher limit on the amount of contributions it can make to a state candidate.

Type of Statement:

Check the appropriate box(es) to indicate the type of statement you are filing (or amending).

Amendments: If you are filing an amendment to a previously filed statement, give a brief explanation of the amendment and attach the pages being amended. Be sure to enter the period covered of the statement you are amending.

Termination: A committee must continue filing campaign statements each year until it is eligible to terminate and files a Form 410 Termination.

Committee Information:

Enter the committee’s full name, identification number, address, and telephone number as stated on the Statement of Organization, Form 410, filed with the Secretary of State. Note on the form if the identification number has not yet been received from the Secretary of State’s office. Then enter the treasurer’s name, the assistant treasurer’s name (if any), their permanent addresses and telephone numbers during business hours.

Verification:

The statement must be signed by the committee treasurer or the assistant treasurer named on the committee’s Statement of Organization (Form 410). An officeholder, candidate, or state measure proponent who controls the committee must also sign the statement. If two or three officeholders, candidates, or proponents control the committee, each must sign the statement. If more than three control the committee, one may sign on behalf of the others.

Under certain circumstances, the responsible officer of a sponsoring organization must sign the statement.

Recipient Committee Campaign Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from _____ through _____	CALIFORNIA FORM 450
	Page _____ of _____
NAME OF COMMITTEE	I.D. NUMBER

Expenditures Made

1. Expenditures of \$100 or more made this period \$ _____
2. Expenditures under \$100 made this period (Not itemized.) _____
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD *Add Lines 1 + 2* \$ _____
4. Nonmonetary Adjustment *From Line 8 Below* _____
5. Total expenditures made from previous statement *Previous Summary Page, Line 6* \$ _____
(If this is the first statement for the calendar year, enter zero.)
6. TOTAL EXPENDITURES MADE TO DATE *Add Lines 3 + 4 + 5* \$ _____

Contributions Received

7. Monetary contributions received this period \$ _____
8. Non-monetary contributions received this period _____
9. Total contributions received from previous statement *Previous Summary Page, Line 10* \$ _____
(If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE *Add Lines 7 + 8 + 9* \$ _____

Current Cash Statement

11. Beginning cash balance *Previous Summary Page, Line 15* \$ _____
12. Cash receipts this period *Line 7 above* _____
13. Miscellaneous increases to cash \$ _____
14. Cash expenditures this period *Line 3 above* _____
15. ENDING CASH BALANCE THIS PERIOD *Add Lines 11 + 12 + 13, then subtract Line 14* \$ _____

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Type or print in ink.
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to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Statement covers period

from _____

through _____

Page _____ of _____

I.D. NUMBER

5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					

* Required only for payments which are contributions or independent expenditures.

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FORM

Payments Made:

For each payment of \$100 or more provide:

Date

Provide the date if the expenditure is a contribution or an independent expenditure.

Name and Address of Payee

For each payee or creditor of \$100 or more, enter the full name, street address, city, state, and zip code. If the payee is different than the vendor providing the goods and services (subvendor), also enter the subvendor's full name, street address, city, state and zip code if the payment to the subvendor was \$500 or more.

Credit Card Payments

Disclose the name, address, and amount paid to the credit card company during the period. Also disclose the name, address, amount paid, and description of payment for each vendor paid \$100 or more.

Payments by Agents and Independent Contractors

When an agent or independent contractor (e.g., campaign worker, advertising agency, campaign management firm) makes payments on your behalf ("subvendor payments"), disclose the name, address, amount paid, and description of payment for each vendor paid \$500 or more.

Description of Payment

If the payment is a direct payment to a candidate or committee, enter "monetary contribution." If the expenditure is a non-monetary contribution, enter "non-monetary contribution," describe the goods or services provided, and enter the fair market value if different from the amount paid.

If the payment is for overhead or operating expenses of the committee, enter a brief description of the goods or services received.

Ownership Interests or Business Employment

A ballot measure committee that makes a payment to any business entity (1) which is owned 50 percent or more by any of the individuals listed below, or (2) in which any of the individuals listed below is an officer, partner, consultant, or employee must report that individual's name, relationship to the committee, and a description of the ownership interest or position with the business entity. Individuals covered by (1) or (2) above, include:

- A candidate or person controlling the committee;
- An officer or employee of the committee; or
- The spouse of any of the above.

Name of Candidate and Office or Ballot Measure

For a candidate, provide the individual's full name, office sought or held, and jurisdiction. For a ballot measure, provide the name of the measure and the measure's number or letter and the jurisdiction of the measure.

Support/Oppose

Check the appropriate box to indicate if the expenditure or contribution made was for or against the candidate or measure.

Contribution/Independent Expenditure

Check the box if the payment is a contribution or an independent expenditure.

Amount Paid

Enter the amount paid this period.

Cumulative Amount to Date - Calendar Year

For payments that are contributions or independent expenditures, enter the total amount of contributions made to or independent expenditures for or against each candidate or measure since January 1 of the current calendar year. Cumulate contributions and independent expenditures separately.

Cumulative Amount to Date - Other

Complete the "Other" column if a contribution is made to a candidate for elective state office that is subject to state contribution limits. In this section, disclose the total amount contributed to the committee in connection with each election limitation cycle and identify the election year. The primary and general elections are separate elections. For example, a \$3,000 \$3,200 contribution to a candidate for a primary election in 2002 2004 would be disclosed as "\$3,000 P-02 \$3,200 P-04."

"Other" Column			
Limitation Cycle		Year of Election	
Primary	P	2003	03
General	G	2004	04
Special	S	2005	05
Runoff	R	2006	06